WEST

# IREDELL COUNTY HEALTH DEPARTMENT

## (SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

DATE 5-31-90 PERMIT NO. 12P-A-13

OWNER OR CONTRACTOR Phillip Elmore

PHONE: Business _____ Home _____

LOCATION 21 W 7L on Talon Shed TL on Spaka Rd approx 1 mile on Rt. S. R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 2 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes ( ) No (✓)

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Character & Porosity of Soil Prev. Suitable

Percolation Rate 3

Topography Rolling

Depth to Water Table Low

Rock or other impervious formations None

Lot Area .80

___ Basement with Plumbing ___ Basement without Plumbing ✓ No Basement

Size of Tank 1000 Gals.

Nitrification Field:

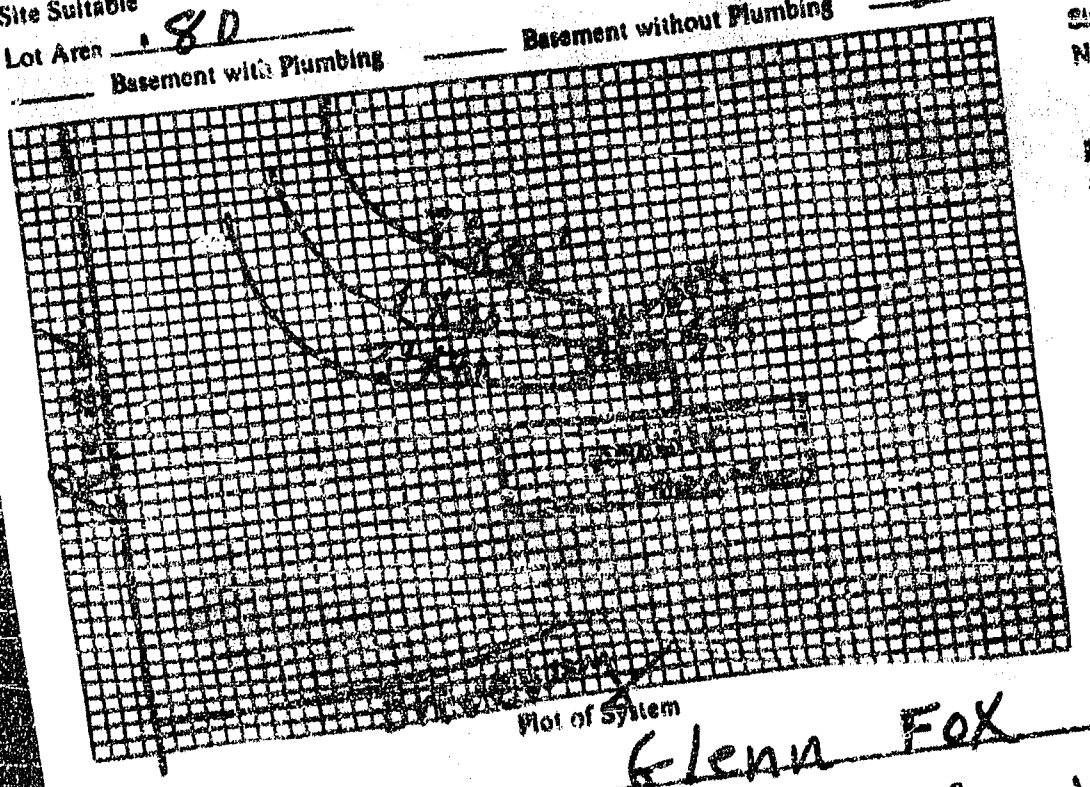
No. of Lines 3

Sq. Ft. 720 Linear Ft. 240

Depth of Slots in Lines 12"

Water Supply: Individual (✓)

Public ( )



Plot of System

Installed by Gary Austin

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY Glenn Fox

COMMENTS: [redacted] locate well 100' from septic system

CERTIFICATE OF COMPLETION BY P. C. Woods DATE 5-31-90

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold